

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010252

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 42

VS 300  
Rev. 4/59

16000  
260082

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH APR 9 1962

a. COUNTY Clay

b. CITY (If outside corporate limits, give TOWNSHIP only) Liberty TWSH. 8 Mo.

c. FULL NAME OF (If NOT in hospital, give location) I.O.O.F. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY OR TOWN Kansas City Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4516 N. Belfontaine Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last

NANNIE H. NEWTON

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Sept. 10, 1876

9. AGE (last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) West Virginia

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Hugh Black

13b. MOTHER'S MAIDEN NAME Prissy Smith

14. NAME OF HUSBAND OR WIFE Ottwell Newton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. [Redacted]

17. INFORMANT 85 Mrs. Fred Coulson K.C. Missouri Address

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular Accident

INTERVAL BETWEEN ONSET AND DEATH 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

Exhausted & P. probably weakened her heart

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Diabetes

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1961 to March 29 and last saw her alive on March 29. Death occurred at 12:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. H. Gadsden (Degree or title) MD

22b. ADDRESS Liberty Mo 22c. DATE SIGNED 3/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE March 29, 1962

23c. NAME OF CEMETERY OR CREMATORY Johnson Cemetery

23d. LOCATION (City, town, or county) (State) Spickard Missouri

24. FUNERAL DIRECTOR ADDRESS Church-Archer Co. Liberty, Mo. 4-3-62

25. DATE RECD. BY LOCAL REG. March 29, 1962

26. REGISTRAR'S SIGNATURE Thelma Braham

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Harold G. Smith*

Licensed Embalmer No. 4575

P. O. Address

Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.